May 11, 2005

To: Members, Governor’s Task Force to Improve Access to Oral Health

From: Rhonda Akeson, RDH, BS
La Crosse, WI

Subject: The Governor's Task Force to Improve Oral Health Public Hearing

I am writing in support of the recommendations of the Task Force.

The last three years of my 30 -year dental hygiene career have been spent in a clinic for Badgercare and low income patients. This experience has convinced me that the need for dental hygiene and dental care is overwhelming, which is no surprise to the Task Force.

In LaCrosse alone, we have a waiting list of over 500 people seeking care. Unfortunately this care will be even more difficult to obtain, after July 30, when the Three Rivers Clinic will severely curtail its hours. Patients will be asked to transfer to Scenic Bluffs Community Health Clinic, in Cashton, a small town 30 miles east of La Crosse.

Therefore, we have to look at different forms of treatment for the future. Making it less difficult for hygienists to be employed in various settings is a step in the right direction. My dream would be for hygienist to take their place alongside nurses, speech therapists, occupational therapists,and other health professionals in school/Head Start settings. The free sealant program that dental hygienists have organized in La Crosse schools has been very successful, but it is not enough. We need more opportunities to get AHEAD of dental problems.

I also fully support the concept of an advance practice dental hygienist. If the current system isn't working, we need to look at new options.

Thank you for allowing me to express my concerns.

Rhonda Akeson
N3430 Verde Valley Rd.
La Crosse, WI 54601

WISCONSIN COUNCIL ON DEVELOPMENTAL DISABILITIES

WCDD

Promoting Independence and Equality

May 13. 2005

Dr. Blane Christman, Chair
Governor's Task Force to Improve
Access to Oral Health
Attention: Kay Lund
Office of Strategic Planning
Department of Health and Family Services
1 W. Wilson
Madison, WI 53701

Dear Dr. Christman:

The Wisconsin Council on Developmental Disabilities supports the recommendations of the Governor's Task Force to Improve Access to Oral Health. Access to appropriate oral health is a common problem for both children and adults with developmental disabilities. Finding dental health professionals willing to work with individuals with developmental disabilities can be a difficult challenge in many locations around the state.

The Council supports any improvements to increase access to oral health services and thanks the Task Force for its efforts on this behalf.

Sincerely,

Gerry Born
Chairperson

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#1

Hi I am Eric teDuits and as part of a 4-person specialty group of pediatric dentists with 30 employee in Madison, who participates in the MA program, I know first hand about the barriers to care. Due to the fact we care for children, we feel it is very important to care for all kids, including the most needy.

To allow the task force to know were I am coming from, our group is on pace to write-off 1.5 million dollars from MA this year. That doesn't include the other free and reduced care we do for Headstart, Give a kid a smile, and many other programs. We feel blessed to be able to care for these children the same as every child in our practice, but salaries, rent, and expenses still need to be paid. Also remember if I receive a reimberisment at the rate of 40% from MA, the government which finances the MA program, is the only insurance carrier who receives nearly 50% of that amount back via taxes paid by the dentist at the end of the year.

It is also important to realize that dentistry in many cases is elective and since dental insurance limits have not changed much in nearly 40 years, the patient is responsible to pay the difference. We must be sensitive to the cost; in fact the dental costs have risen much slower than medical cost in the last 20 years. Since dentistry is different than the medical model, we are not able to cost shift. It would make many people refuse or delay treatment, thereby decreasing their oral health, and as evidence now shows, their overall health.

I know the state's budget is tight, but if it were a real priority, as we continue to hear over and over again, the state would solve the access problem by appropriating a very small increase of the state's budget to adequately fund dentistry. The state's dental MA spending has not increased much in more than 20 years and there are enough dentists in most areas that would increase capacity if rates were adequately set at the 75%tile. For example, I have had 2-3 pediatric dental residents from out of the state approach me in the last few years about joining our practice. Our non-MA patient's base is not large enough to allow for new pediatric dentist and even with our very efficient offices, we can't maintain a practice strictly with current MA payments. They have gone to states were they can be paid better. Even the government health centers get paid more then we do for MA.

There are many recommendations from the task force but if the program continues inadequate funding and doesn't make the paper work similar to the 1000s of other insurance companies dentists' work with, our group and many other large MA providers like us, may have to re-examine how we practice. Not to mention the difficult task of getting new providers on board to help. Charity in a perfect world would be the solution but as you know, it is not yet perfect.

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#2

WDA
Wisconsin Dental
Association, Inc.
www.wda.org

Governor's Task Force to Improve Access to Dental Care

Testimony by Eva Dahl, DDS
Representing the Wisconsin Dental Association
Friday, May 13, 2005

Thank you Dr. Christman, and members of the Task Force, for the opportunity to share the concerns of the members of the Wisconsin Dental Association (WDA) regarding the thirty-one recommendations put forth for public comment by this Task Force.

My name is Eva Dahl and, like 95% of all dentists in the state of Wisconsin, I provide dental care in a private practice setting. As small business owners and employers, the vast majority of dentists in this state face the daily challenges of keeping our patients happy while also bearing the responsibility of managing the business aspects of our practices. I am a specialist in Endodontics and my practice is located in Onalaska, Wisconsin. My education, like that of other dentists, has been rigorous; it includes a Bachelor of Science degree in General Science, four years of dental education leading to a DDS degree, followed by a one-year General Practice Residency in an urban hospital. I also have completed a three-year specialty residency in Oral Pathology with a Masters Degree and a two-year residency in Endodontics at the University of Iowa.

The WDA has chosen to focus on a handful of key themes and issues that are found within the comprehensive list of proposals.

Financial Investment in Dental Health:
The WDA believes that a solid but affordable investment of state dollars into the dental Medicaid program is the most critical aspect of truly solving the current access to care issue. The goal of the state should be to empower the Medicaid recipients by providing them with coverage that lacks the administrative and financial burdens associated with the current dental Medicaid program. The reality is that the dental Medicaid program has been allowed to languish with severe under-funding over the past two decades, despite WDA attempts to bring attention to the problems of this program. As this State's funding has sunk to the lowest five states in the US (in percentage of total funds directed to oral health), the State's promise of entitlement to dental care for the poor and disabled is now a false promise.

WDA encourages support for Task Force proposals #15 and #17 relating to an additional investment of $20 million per year and passage of the two cents for tooth sense proposal. The WDA recommends that revenues from this proposal be designated to increasing dental Medicaid reimbursement to the 75th percentile

of the most recent ADA fee survey for our region of the country which has proven to work in other states.

The WDA also supports the concept listed in #16 relating to "pay for performance" strategies. The WDA has always proposed that the most efficient means of providing dental care is under the fee-for-service mechanism and, by its very definition, "fee-for-service" is a pay-for-performance model – no dentist or administrator gets paid unless a dental service has been performed. Unfortunately, the state has for years paid HMOs an administrative fee that has not been based on a pay-for-performance model; this arrangement has further eroded any trust that might have existed between the state's Medicaid program and the dental professionals in that area of the state. As such, the WDA also supports proposal #18 relating to the carve-out of dental care with a specialized dental benefits administrator and proposal #19 relating to the creation of a form that can be filled out by any dental HMO patient who is unable to access the dental care; we believe it is unfair that the HMOs have already been paid for care that is never provided. The WDA does not support a multi-tier fee structure based on level of participation; we believe that each Medicaid patient should have the same purchasing power whether he/she is accessing dental care in a clinic that treats a handful of Medicaid patients or at a clinic that treats a large volume of Medicaid patients.

Independent Practice for Dental Hygienists:
The WDA opposes proposals #8, #9, #10, #11, #12 and #13 relating to the independent practice of dental hygiene for several reasons, including:

First, the Medicaid population has unique oral health care needs; for various educational and personal reasons many do not seek care until pain has already set in. While dental hygienists may be excellent technicians when it comes to cleaning and scaling teeth, they are not educationally qualified to provide oral diagnosis or restorative care. To promote a simplistic solution that lacks access to diagnosis-based dental care is to ignore the magnitude and complexity of the Medicaid population's dental health care needs.

Second, the independent practice of dental hygiene is not economically viable; independent dental hygienists will face the same exact economic barriers to serving low-income individuals that dentists currently face. Dental hygiene services provided independently of the dental team are no cheaper to perform than dental hygiene services provided within a dental practice setting. The state's Medicaid payments will make the performance of these procedures as impractical for dental hygienists as they currently are for dental practices. The entire dental team should be working together to convince the state to develop a program that empowers patients by truly providing them with access to *comprehensive* dental care. Instead, some dental hygienists are advocating for

allowing the delivery of dental care to be bifurcated by promoting the creation of a system of preventive services that is no longer linked to a dental diagnosis and comprehensive care. The current dental team approach allows for optimum efficiency for dental patients. When hygiene services, diagnostic services and treatment are provided in a single setting, there are clear advantages for the patient, including the reduction of time away from work, patient waiting time, travel time, associated transportation expenses and immediate access to diagnosis and comprehensive care. The state needs to focus on providing patients with access to comprehensive care – and not limit its focus to such a narrow list of services. The promotion of independent hygiene practice under the guise of solving the current Medicaid dental access problem is disingenuous. This proposal is being pursued by a small group of dental hygienists who have never managed to garner the support or membership of more than 15% of their colleagues. Why is the state willing to allow a small minority of individuals drive a large-scale debate on dental access?

Third, dental hygienists can already perform dental hygiene procedures in a variety of settings and they aren't taking advantage of that now. Dental hygienists can practice dental hygiene in all settings as long as a dentist has examined the patient in the last twelve months; this examination requirement is in the patient's best interest and creates a very minimal barrier to care. For example, most nursing homes and prisons have dentists that do annual or routine exams – why are hygienists not providing hygiene care to individuals in conjunction with the routine dental examinations already being performed?

Finally, I regret that I only have three minutes in which to respond to the 31 recommendations because it limits my ability to further explain our opposition to #11. The scope of practice of dental hygienists in Wisconsin is already aligned with the national accreditation standards; to argue otherwise is to completely misinterpret the single occurrence of the phrase "dental hygiene diagnosis" in the 40 page document created by the Commission on Dental Accreditation's (CODA).

Dental Workforce Issues:

The WDA supports recommendations #4, #5 and #6 relating to dental workforce. WDA believes that proposal #4 would help to help address the current maldistribution of dentists in the state of Wisconsin; rural communities should be given recruitment models and tips on how to attract dental professionals to their areas of the state. WDA also supports #5 which proposes to increase the number of in-state residents attending Marquette University's School of Dentistry from the current rate of 40 per class to a new rate of 50 per class. Finally, the WDA offers support for item #6 which proposes to increase the annual tuition subsidy from the current rate of $8,753 per in-state resident per year to the

previous rate (previous to the Doyle administration) of $11,670 per in-state resident per year.

Tuition at MUSoD for in-state residents is very close to the out-of-state tuition that Wisconsin residents would pay at neighboring state-sponsored dental schools; the tuition subsidy needs to be increased in order to keep our best and brightest students in the state. Also, the average dental education debt in 2004 ranged from $120,000 (all schools) to $160,000 (for private schools); many students also have to add their debt from undergraduate education to their total financial loan package. The size of these loans place the students under ever increasing pressure to work for full fees immediately upon graduation; making participation in the under-financed Medicaid program impractical. All three of these proposals will help to address the dentist workforce issues for the future of Wisconsin.

Miscellaneous Items:
Regarding item #7 on your list of recommendations, WDA president Dr. Fred Jaeger has already requested WDA's Continuing Education Committee consider scheduling a pediatric-based lecture in future sessions. It is our understanding that a pediatric lecture has already been arranged for the 2006 Annual WDA Session.

Patient education is important. The WDA would support a proposal that includes a patient educational component. This education could include subjects ranging from how patients can maintain daily oral hygiene care, to the importance of keeping their dental appointments, to proper etiquette in dental office waiting rooms.

Unfortunately, due to fact that only one of the fifteen members of this Task Force is representative of the private practicing dental community, many WDA members believe this Task Force has been set up in an attempt limit the impact and perspective of the vast majority of dentists in this state.
Some WDA dentists were planning on speaking at today's hearing but have chosen not to because they believe that this Task Force has a predetermined agenda and that testimony limited to three minutes will have minimal impact.

It will be very difficult, if not impossible, for the state to truly address this problem without establishing a meaningful partnership with those of us who have pursued the training and education that is necessary in order to provide quality dental services to our fellow citizens."

Thank you, Dr. Christman and members of the Task Force, for allowing me the opportunity to address you today. I would be happy to respond to any questions.

#3

Sixteenth Street
COMMUNITY HEALTH CENTER

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Friday, May 13, 2005

Statement to Governor's Task Force to Improve Access to Oral Health

Good Morning, my name is John Bartkowski, and I am the Chief Executive Officer of the Sixteenth Street Community Health Center. A health care agency in Milwaukee with a 35-year track record of providing high quality, low-cost health care to low-income, predominantly Hispanic resident's of Milwaukee's south side.

Dr. Graciela Villadoniga, a pediatrician on our staff, originally from Uruguay, is a member of this Task Force. Dr. Villadoniga has taken a leadership role at Sixteenth Street to incorporate oral health care into our medical practice.

At Sixteenth Street, our pediatricians, (or their nurses or medical assistants), have started applying a fluoride varnish to the teeth of toddlers to prevent tooth decay during a well child check, (right along with giving shots).

Our family practice doctors and certified nurse midwives provide oral health education and referrals for dental care for our pregnant patients. These are pregnant women who already have such severe tooth decay that it is jeopardizing their health, as well as the health of the baby – before birth, as well as after birth.

Our medical staff has taken on these services not because they want to "seize turf" from the dental profession, but because of the horrible cases of tooth decay that they see in their patients on a daily basis.

It is past time for Wisconsin to break down the barriers that have been erected by the dental profession. We need to aggressively pursue every avenue to make dental care affordable and available for every Wisconsin resident, regardless of income.

1. The current situation at the Dentistry Examining Board, that prevents the licensing of foreign trained dentists in Wisconsin is unconscionable.

The Board has opted to face legal action, rather than pursue a reasonable course of action to find ways for dentists who were educated abroad to be able to practice in Wisconsin. Sixteenth Street had the opportunity last year, to hire a foreign trained dentist, who A) had passed her regional exam B) had been practicing in the residency program at Marquette for two years C) had been licensed to practice in Minnesota and D) was teaching part-time at the Marquette Dental School. She was deemed good enough to teach future practitioners, but not allowed to practice herself. I am sorry that the Task Force has elected to sidestep this issue.

(over)

2. A state program that awards money to schools to subsidize tuition for dental students, but makes no requirement on those students, once they graduate, to even practice in Wisconsin, is just plain dumb, and needs to be changed.

There are several Task Force recommendations to link tuition assistance, expand loan forgiveness and increase capitation payments for students to attend dentistry school. All of these programs should have components that expect the state's investment to be returned in some fashion.

Requiring these new dentists to practice in under-served areas of Wisconsin, or to engage in a practice that provides care for patients with Medicaid coverage, just makes sense. It makes even more sense to provide tuition assistance to dental students at schools in other states, if it will result in them coming to Wisconsin after graduation to practice.

3. Continuing to limit the practice opportunities and scope of services for dental hygienists is professional paternalism left over from the 1950's.

Perhaps it is my training as a nurse, or maybe it is because of the successful 'take advantage of every efficiency' model of care that community based health centers use, but we need to push the envelope to expand the availability of cost-effective preventative care, by leveraging the services dental hygienists provide. Faced with sky rocketing medical costs, we need to fully utilize every level of expertise that is available in health care practice and carefully match it to patient needs.

I was President of the Wisconsin State Board of Nursing when we approved licensing and expanded scope of practice for Nurse Practitioners and Certified Nurse Midwives. Thousands of Wisconsin residents have benefited from quality health care services provided by these dedicated professionals. We can do the same thing for dental hygienists.

In conclusion, Sixteenth Street has run a successful dental practice since 1997. There is generally a three-month long wait to get in for an appointment. Last year, we cared for nearly 3,000 patients – 62% of them coming to us for an emergency condition or extraction. Patients in pain can't wait for three months to see a dentist – they just go to the emergency room.

According to the Hospital Association, there are 22,000 people each year in Wisconsin who are treated in hospital emergency rooms for a dental problem that could have been prevented. Not only is this the most expensive option for care, treatment in the ER is likely to be antibiotics for infection, not a response to the underlying dental problem.

There is a dental crisis in Wisconsin. We need dentists, and more dental care that is affordable and available to people without insurance and those on Medicaid. This Task Force needs to go beyond recommendations, and issue a call to action. Thank you.

#4

Thank you Dr. Christman and members of the Task Force for the time to speak to your recommendations.

I am Dr.Nicolet DeRose, a pediatric dentist from Racine. I am a dentist in private practice like the majority of dentists in this state. My educational background is extensive as are all dentists. I have a Bachelor of Science degree in Chemistry, A DDS degree from Loyola U. In Chicago, a Masters of Science in Pediatric Dentistry from Marquette, as well as a residency in Pediatric Dentistry from Children's Hospital of Wisconsin. That is a total of 10 years after high school.

I have been caring for children covered by medicaid since I began practicing 26 years ago, as did my mother, a pediatric dentist, before me. When I began practice, dentists were reimbursed at 75% of our fees. Now, we receive approximately 42%. This is substantially less than my office overhead.

Only a dentist can treat these children, and the government needs to support their program so that more dentists can participate. We all want to care for the indigent, and by providing $20 million to the program, the problem will be solved. Dentists are steadily dropping from the program. I am one of only a few in Racine and Kenosha that are still active. The other solution is to support the "two cents for tooth sense" proposal that will fund the dental medicaid program to the tune of $50 million. This was my idea and it means taking 2cents from every can of soda and putting it toward dental care for the poor. An easy solution!

Dental Hygienists should not practice independently. They are part of a dental care setting and should not be split from that. They are trained to clean teeth and that is an important part of

dentistry. However, cleaning teeth will not take care of crying children with swollen faces from abscessed teeth. Only a dentist can do that. There are increasing medical and pharmaceutical complications for patients that are only understood by dentists from their years of dental education. As a point of comparison to the previously mentioned education of a dentist, dental hygienists have a 2-year technical school degree. On my days off, I teach at Marquette Dental School in the pediatric clinic. I have encountered a surprising number of students who were previously dental hygienists. They had final exams today, or they would have attended this meeting. They all acknowledge that they were not trained to diagnose dental disease. As they advance in their dental school curriculum, they ~~make~~ are made even more aware of the limitations of dental hygiene training. I have written testimony from students to support this. These testimonies are the most crucial evidence that only dentists can properly diagnose and treat patients.

Additionally, if a patient sees an independently practicing dental hygienist, they may not understand that they haven't seen a dentist. They will be misled into thinking that they have, "been to the dentist." Obtaining health care is complicated enough in the medicaid world, let alone confusing patients about who to see for their dental care, and delaying treatment needs. My advice for hygienists who want to practice dentistry is to go to dental school. This is what the current students at Marquette did and my mother, Dr. Dorothy DeRose, did back in the 1930s.

Following the education theme, foreign trained dentists should not be allowed to practice unless they have completed the current dental school requirement for foreign trained dentists. \We have the best dental care in the world and should not allow that to change. We must maintain our high

standards of care for all of our population.

In conclusion, I urge the Task Force to recommend proper funding of the medicaid program which will truly solve the access issue. Don't be fooled into thinking that independent practice by hygienists will solve an access problem. It will create more problems and provide a two tiered system that should not occur in the United States, which has the best dental care in the world.

Thank you for your time.

Sincerely Yours,

Nicolet DeRose

Nicolet DeRose, BS,DDS,MS

316 5th st

Racine, Wi 53403

#10

Testimony before the Governor's Task Force to Improve Access to Oral Health
On Behalf of Children's Health Alliance of WI and
WI Oral Health Coalition
Friday, May13, 2005
State Capitol

Good Morning Mr. Chairman and Members of the Task Force,

My name is Karen Ordinans, Executive Director of Children's Health Alliance of Wisconsin. The Alliance is a statewide advocacy organization working to improve children's health. Our mission primarily focuses on access and care for underserved populations. A 30 member statewide Advisory Board guides the work of the Alliance. In fact, it was Advisory Board members that spoke up when dental care didn't seem to be on anyone's radar screen a number of years ago, but clearly a problem. I don't need to tell you how important healthy teeth are to a child's ability to do well in school, eat properly and lead a quality life. You and I would not tolerate a toothache for more than the time it took us to phone our dentist and get it taken care of. Yet, for families without private dental insurance, the phone call is not so simple. We firmly believe that in order to address the dental need we must embrace prevention, treatment and education. We have advocated this approach through our creation and facilitation of the WI Oral Health Coalition, consisting today of over one hundred individuals and organizations throughout Wisconsin.

We applaud Governor Doyle for embracing the need to act, and thank all of you for providing this valuable public service of identifying ways to improve access to dental care for many of our most vulnerable children and families.

Overall, the recommendations of the Task Force are consistent with the mission of the Oral Health Coalition and Alliance. I would like to offer the following comments on behalf of both:

1. Recruitment of Dentists for rural communities needs to be a top priority.
2. While the amount of tuition subsidy for Marquette dental students is important, raising the number of Wisconsin residents accepted into the program from 40 to 50 must be a top priority.
3. Dental services for families under the HMO system in Southeastern WI must be administered through a different means, preferably an expert in dental

administration. The HMO system consumes a layer of funding that could be used for treatment needs that now go unmet. The HMO's expertise resides with the provision of health care, not dental care.

4. We must acknowledge that dental hygienists should be utilized to their fullest education, training and ability. We suggest that recommendations #8 and #10 be replaced with the following language: "Legislation be drafted to allow dental hygienists to practice under their current scope in all venues targeting the uninsured, underinsured, Medicaid and BadgerCare populations".
5. We must acknowledge that additional financial resources are going to be needed. We are in denial if we think differently. With that being said, additional resources should be structured utilizing pay for performance strategies.
6. While neither the Coalition nor the Alliance has taken a formal position, we believe a dedicated funding source such as the "Two Cents for Tooth Sense" is consistent with our support for creative funding.

It is clear some strategies will be easier to implement than others. We would like to suggest that your guiding principle be to prioritize those strategies that will yield the greatest increase in access to care for the uninsured, underinsured, Medicaid and BadgerCare populations.

Our one hope is that you, as Task Force Members, along with Governor Doyle, will be diligent about implementing these recommendations. The cynicism is too deep to allow another report to sit on a shelf. It also comes down to the **will** each of us, as an individual or organization, has to truly address this issue. Do we want to solve this crisis? And what will it take to make a difference? It will take being respectful of different and often opposing views, but finding common ground. It will take being flexible, realistic and patient. And, it will take acknowledging that no one solution will do the trick!

The Children's Health Alliance of WI and the Oral Health Coalition stand ready to assist the Governor and the Task Force in any way we can. Thank You.

Submitted By: Karen Ordinans, Executive Director, Children's Health Alliance of WI

Hello:
My name is Anne Hvizdak. I am a dental hygienist that has practiced in both private practice and public health since 1982. Currently, I serve as coordinator for the Healthy Smiles for Portage and Wood County school-based dental sealant programs. I also serve the State of Wisconsin as a Regional Oral Health consultant. I appreciate the opportunity to address the Governor's Task Force to Improve Access to Oral Health. I speak in favor of the recommendations that are being put forth by the Task Force.

I would like to share with you some of the successes and struggles that we face in Portage and Wood County. Healthy Smiles for Portage and Wood County began in 2000 as a result of the state effort Wisconsin "Seal-A-Smile". Oral health issues have been a top priority in our community needs assessment surveys. As we had heard from previous testimony offered to this group, Portage and Wood County wanted to help alleviate the caries disease burden of our elementary students by offering dental sealants as a preventive service.

Healthy Smiles for Portage and Wood County, currently operating in our fifth year has been very popular. During the 2004-2005 school year we visited 29 schools representing 9 school districts. Expansion of our program during the 2005-2006 school year will allow all children in Portage and Wood County to have access to a school-based dental sealant program.

Our program, the largest among the 14 "Seal-A-Smile" projects is partially funded through dollars granted from the Children's Health Alliance of Wisconsin. During the first four years of operation, 5121 children were screened to help determine the need for dental sealants and identify children with unmet needs. We found that 2012 children (39%) already had dental sealants present, but that fell short of Health People 2010 goals that 50% of children should have dental sealants placed on their molars to help prevent dental caries. Locally, our goal is to have 80% of the children in targeted grades benefit with dental sealant placement. During the first 4 years of our school-based dental sealant program, 2542 (49%) children had 9169 dental sealants placed.

Our program is an excellent example of how public health has partnered with private practice to provide preventive services for children. The success of our program has been depended on the generous support of local dentists, dental hygienists, dental assistants, school officials, health departments, and local citizens. Funding for our program consists of grants, donations, and reimbursement from the Medical Assistance and Badger Care Program.

Although we are pleased with the success we have accomplished to reach many children with limited resources, our work has suggested there is much to be done. (35%) of the children screened also had dental caries present. Healthy Smiles was able to help identify children that needed further care and we struggle to meet this demand. During February 2005 alone, Portage County dentists served 25 of the children identified through our dental screening with over $11,000 of free donated dental care during a recent "Give Kids a Smile Event". Targeted children were assessed by a dental hygienist and referred to dentists for appropriate care. When we consistently see high caries rates in our high risk populations, we continually ask ourselves, why did we not intervene sooner? What could we have been doing for this child to prevent this scenario from happening?

I have found working as a dental hygienist in a school setting and as a Regional Oral Health Consultant during the last few years very rewarding. There is great need for dental hygienists and all dental professionals to be utilized to their full potential in a consulting, triage, preventive and educational nature. Schools, health departments, long term care facilities, hospitals, nursing homes, and home bound nursing agencies are eager for more dental hygienists to help provide preventive strategies in a mobile format.

I commend all of you on the Task Force for all of the work you have done. I am an active member of the Wisconsin Oral Health Coalition, the Wisconsin Dental Hygienists' Association and the Dental Hygiene Association of Wisconsin.

Thank you

Anne Hvizdak, RDH, CDHC
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May 12, 2005

Testimony to the Governor's Oral Health Taskforce

Tammy L. Filipiak RDH, BS – tflipperrdh@yahoo.com

Good morning, my name is Tammy Filipiak and I am a practicing dental hygienist in the state of Wisconsin. I am here today to show my support for the recommendations from the taskforce that affect my profession.

Dental hygienists are educated licensed professionals who are able to provide an outlined scope of services by way of our statute. However, currently we are limited by the settings in which we can perform these services. Dental hygiene education is delivered in accordance with a standard that has been established by the American Dental Association Council on Dental Accreditation. This standard outlines the areas of education that must be delivered to allow for graduation from the program. I reference this document because it is critical in recognizing that those who are able to call themselves dental hygienists in the state of Wisconsin have met a standard of education to do so.

Surely we all agree that there is a crisis in the state of Wisconsin with regard to dental care access. Dental hygienists recognize that we are a viable resource to help deliver preventive services to those in need. Clearly there are restorative needs that also need to be met and this is another aspect of the crisis.

I have participated in community dental sealant programs and most recently in Give Kids a Smile day where we provided services to children in need of dental care free of charge. I have personally experienced the gratitude from patients and their parents for taking the time to treat their needs and provide education on the importance of good oral health. I clearly remember the mother who was overjoyed to know that we were able to fix the teeth that were bothering her daughter and what a bonus it was that she did not have to drive from central Wisconsin to somewhere in the Milwaukee area to seek treatment for her daughter. Unfortunately, these types of programs are not enough.

I was a member of the Legislative Council Study on Dental Care Access a few years ago and can say that a number of these recommendations on the table now were things that we discussed at that time. It is imperative that we move forward now, there is an increased awareness to the importance of good oral health and access to dental care needs to improve. Dental hygienists are ready and willing to help and the residents of the Wisconsin deserve to have the benefit of our preventive services.

Comments Regarding the Governor's Task Force to Improve Access to Oral Health Recommendations

Submitted by:

Lori Dilley
Head Start/Early Head Start Director
Southwestern Wisconsin Community Action Program, Inc.
149 North Iowa Street
Dodgeville, WI 53533
(608) 935-5422

I would like to thank the members of the Governor's Task Force to Improve Access to Oral Health in allowing me to testify today. I am the Head Start and Early Head Start Director of the Southwestern Wisconsin Community Action Program. SWCAP provides a variety of services to low-income persons in Grant, Iowa, Lafayette, Richland, and Monroe counties including Head Start, Early Head Start, WIC, Reproductive Health, Housing and Energy, and many more. SWCAP is also a member agency of the Oral Health Coalition and supports the mission and goals of this organization.

SWCAP does an extensive community needs assessment every three years and access to dental care has repeatedly shown up as a concern of residents in our service area. In addition, as Director of the Head Start program, I am aware that we get calls each year from non-Head Start enrolled adults hoping Head Start can help them locate an area dentist. SWCAP has worked tirelessly for the last three years to bring a low-income dental clinic to Southwestern Wisconsin but many challenges such as funding and reimbursement have prevented this from becoming a reality. We are now currently working with Beloit Area Community Health Center in the hopes that they may be able to expand their services to Southwest Wisconsin.

Head Start requires all enrolled children to receive a dental exam. However, we have no dentists in the Head Start service area (Grant, Iowa, Lafayette, and Richland counties) that will take new Medicaid patients. Head Start initiates agreements with dentists to provide needed dental exams and follow-up work but this does not ensure that families will receive future continuous care with these dentists. This year 1/3 of our Head Start enrolled children required further dental treatment beyond the initial dental exam. Of these children, 3% had dental treatment estimates over $2,000. To complicate matters, we have no pedodontists in our service area and many local dentists will not work on preschool age children thus forcing families to travel to Madison, La Crosse, or Dubuque. We are now facing difficulties in arranging appointments with some of the pedodontists in these areas due to the influx of patients.

With these problems in mind, SWCAP is happy that Governor Doyle has taken a proactive stance through formation of the task force to look at the dental needs of low-income families in Wisconsin. Specifically we support the following recommendations:

Comments Regarding the Governor's Task Force to Improve Access to Oral Health Recommendations

- Development of a dentist recruitment model and tools to be used in recruiting oral health professionals to rural areas. Many of our current dentists are facing retirement in the next five years and we need to start attracting new dentists.
- Drafting legislation to allow dental hygienists to practice independently of dentists operating under their current scope of practice. Allowing dental hygienists to perform the dental screenings on Head Start children would alleviate some of the problems we face in getting children in for a screening within 90 days of enrollment.
- Support by the Governor in clarifying federal regulations that allow both dental hygienists and dentists to provide mandated dental exams for children in Early Head Start and Head Start.
- Including pay for performance strategies in the Medicaid program to assure increased access to services. Increased access to local dental care is critical in Southwest Wisconsin. Low-income residents do not have the resources to travel up to 2 hours one way to access dental services.
- Coordination of the EPSDT periodicity schedule with the American Academy of Pediatric Dentistry recommendations that changes the age of a first dental screening from age 3 to age 1. Early Head Start is promoting oral health care in infants and toddlers now.
- Encouraging health departments to have one oral health priority. Many of our county health departments already view oral health as a priority but face difficulties in referring families due to the shortage of available dentists.

Thank-you for your time and consideration in reviewing these comments.

#9

PCHHS
Portage County Health & Human Services

JUDY A. BABLITCH, DIRECTOR
(715) 345-5350 FAX (715) 345-5966
E-MAIL: pchhsd@co.portage.wi.us

RUTH GILFRY HUMAN RESOURCES CENTER
817 WHITING AVENUE
STEVENS POINT, WI 54481-5292

May 12, 2005

To Whom It May Concern:

I am writing to express my support for the proposals presented by Governor Doyle's Task Force to Improve Access to Oral Health. Portage County has been very successful in addressing oral needs for many children in Portage County. We have had a Healthy Smiles school-based sealant program in place since 2000. To date we have placed over 9000 sealants on the teeth of over 2500 children. While this is an impressive statistic, universal oral screening of second-grade children has also alerted us to the fact that 35% of the children we screen have dental decay present. This outstanding statistic clearly indicates that there is much to be done in prevention. We must access children and parents sooner.

I compare many of the issues concerning scope of practice and licensure within the dental community to those addressed about 10 years ago with advanced practice nursing. The fact is, with a shortage of personnel, we must acknowledge the training of professionals to maximize appropriate scope of practice. It is clear to me that utilizing all dental personnel to their maximum capacity would allow us to serve more people and potentially provide significantly more preventative services.

Within Portage County, we are hoping to contract with Ministry Dental Center. This dental clinic will function as an agent of public health, allowing us to meet our public health statutory obligation to assure services while not duplicating expensive resources. Our goal is to eliminate a waiting list of almost 600 children who currently will wait about 18 months to be seen.

This task force has been very responsible and thorough. Please consider their recommendations.

Sincerely,

Faye Tetzloff, RN MSN
Health Officer
Portage County

Where Government Serves the Community

From "Zunker, Angela" <angela.zunker@marquette.edu>
Sent Thursday, May 12, 2005 9:59 am
To nicoletderose@wi.rr.com
Cc
Bcc
Subject RE: Dr. Nicolet DeRoseccAndy Wiers

Hello Dr. DeRose,

I regret to say that I am unable to attend the meeting in Madison tomorrow. I really wish I could though. I oppose the idea of hygienists having independent practice and applying sealants without a diagnosis. I believe the dentist must be present to make an accurate diagnosis and to oversee the work of the hygienist. Moreover, on top of the fact that I do not think the patients should be in the care of only hygienists, the majority of hygienists in Wisconsin are from an associate program due to the closure of Marquette University's closure of the bachelor program. There is not enough dental education in these programs to feel as though the patient is safe to be seen only by a hygienist. I have been in the chairs, meetings, and in classes with dental hygienists, and I believe that the health care of a patient needs to be overseen by a dentist.

I hope this helps, and again I do wish I could attend.
Angie Zunker

From "Tack, Suzanne" <suzanne.tack@marquette.edu>

Sent Thursday, May 12, 2005 3:28 pm

To nicoletderose@wi.rr.com

Cc

Bcc

Subject RE: Dr. Nicolet DeRoseccAndy Wiers

Hello Dr. DeRose, how are you? I appreciate your e-mail and your efforts to stop this legislation. I fully agree with you that it is not in the best interests of the patient to open independent dental hygiene practices and allow sealants. After a four year bachelor program at MU to receive my dental hygiene degree, I thought I knew enough about dentistry and oral health in general, however as I have progressed through this year, I realize that is not totally the case. While we did learn a lot, it never would be enough to open my own practice as a hygienist, and my fear is that as more of the dental hygiene bachelor programs close, we will be left with hygienists who have even less schooling than I did. While I do believe the technical school programs do teach people to be good hygienists, I do not feel they have the responsibility or capacity to open a private hygiene practice. There is too much involved in oral health, and I think patients would be harmed by not having a periodic dental exam and radiographs.

I am sorry that I will not be able to attend the conference tomorrow, but my fiance and I are leaving directly after our last final in the morning to attend his sister's graduation in Los Angeles. I will be very interested to know what happens with this legislation and would like to be kept up to date on what is going on. If there are ever more meetings, I would be interested in attending. Would you mind letting me know about where to find out about this information? Thanks for your help, good luck tomorrow.

Suzanne Tack

From "Smith, Cristine" <cristine.smith@marquette.edu>

Sent Thursday, May 12, 2005 6:08 pm

To nicoletderose@wi.rr.com

Cc

Bcc

Subject statement

Hello,

My name is Cristine Smith and I will be beginning my fourth year of dental school at Marquette University. I completed a four year baccalaureate degree in dental hygiene from Marquette University. I am completely against dental hygienists diagnosing patients before placing sealants. I am a prime case patient. About three months ago, I had a bit of "stain" in my deep central grove of my 1st mandibular molar. There was NO sign of disease prgression on the radiograph that was taken. Upon doing a "fissurectomy" before placing a sealant, my husband (a dentist and a prosthodontic resident at Marquette University) had noticed that as he went further into my tooth with the fissure bur, the color just didn't seem right. So, he continued with a 245 bur, and before we knew it, the lesion stopped just 0.5 mm from my mesial pulp horn. This all came from what appeared to be "a perfect candidate tooth for a sealant" according to one of the dental group leaders. This is just one more piece of proof that all lesions need to be overlooked by an experienced dentist who has the knowledge to assess normal tooth structure from disease, which is only accomplished by education and experience.

There is so much of a difference regarding diagnosing disease between hygiene and dental school. The amount of education I have gained while in dental school regarding diagnosing and treating disease is light years ahead of what I THOUGHT I knew in the hygiene program. My comment is this...if you want to make a diagnosis, go to dental school! Plain and simple. Hygienists are to focus on their area of speciality. Once they go beyond that and into areas they are not properly educated in, severe problems will arise and that is not the kind of situation I will ever put my patients in.

Sincerely,
Cristine Smith

GREEN Bay Area
BUILDING A LEARNING TRADITION
PUBLIC SCHOOLS

HOWE ELEMENTARY SCHOOL
525 S. Madison Street, Green Bay, WI 54301
Phone: (920) 448-2141 FAX: (920) 448-3554

EDWARD L. DORFF, Principal

May 9, 2005

Oral Health Task Force of Wisconsin

Dear Members,

I am the principal of Howe Elementary School in Green Bay, a school that serves approximately 500 children and their families in a predominantly low-income area of our community's central city.

Nearly 90% of our students come from homes that exist under the poverty level, and many of those children have serious need for dental care that their parents are unable to provide due to cost and accessibility.

Certainly it is unnecessary for me to go into detail about the consequences to learning that children experience due to the oral pain. Fortunately, we have a school nurse three days a week who is able to assist in temporary alleviation of pain, and we have been blessed with a scalant program for our students that will help to make future cavities less likely. Additionally, and due to the tremendous generosity of dental health professionals, private individuals, our school district and our neighborhood family resource center, we have established a school-based clinic where uninsured students may receive services during the school day.

The experience I have had in the past couple of years with the dental programs that have come into the schools has taught me a lot, and there are four major issues for which I wish to provide my voice of support:

- The allowance for independent practice of dental hygienists, particularly in a school-based clinic would allow for greater amounts of screening and preventative work. This would maximize the volunteer time that area dentists are providing to poor and uninsured children.
- The Medical Assistance reimbursement rate has not kept up with actual costs of dental care. I know that very few dentists are providing services under MA, primarily because of the frequency of dropped appointments. Many of the families in poverty have not lived with the expectations for making and keeping appointments that are necessary in the business world. An effect of this is the lack of dental care for children.
- School health curricula often address dental health, but I believe it would be more effective if we had a systematic approach that included partnerships with

practicing hygienists and dentists. A program that includes regular visits to schools with gifts of toothbrushes and toothpaste would result in the message being delivered consistently.

- Finally, because of the superb generosity of individual dentists and other oral health care professionals, we have been able to help some of our children with gross decay receive services. This has been done at a grass-roots level and through individual networking. I support the idea that each County Health Department should develop oral health goals, much as they do immunization and communicable disease goals.

Thank you for taking the time to receive and read my letter.

Sincerely,

Edward L. Dorff

Edward L. Dorff, Principal

TRACY ELLIS, RN, BAN,
DIRECTOR/HEALTH OFFICER
104 S. EYDER AVENUE
PHILLIPS, WI 54555
PHONE: 715/339-3054 FAX: 715/339-

Price County Health Department

Friday, May 06, 2005

Ms Wendy MacDougall
Dunn County Health Director
800 Wilson Avenue
Menomonie, Wisconsin 54751

Dear Ms MacDougall,

The Price County Health Department is writing to urge the Task Force members to consider the following recommendations that will improve access to dental care and provide innovative funding sources for public health. In the State of Wisconsin public health is the safety net best equipped to use dental hygienists to bridge the gap, directing preventive programming and developing resources for Medicaid/BadgerCare patients that lack dental access. Health departments are currently seeing these children and their families, but we have had no mechanism for reimbursement. We acknowledge that tax levys are overburdened, therefore we urge the Task Force members to support the following approaches for funding positions with programs that already exist; thus making them cost effective.

In order for public health to effectively improve access to dental care and sustain dental hygiene positions Price County urges you to support the following recommendations:

1. That children screened in public health programs with severe oral health concerns be designated by the State of Wisconsin as a Child with Special Health Care Needs (CSHCN). If oral health concerns cannot be considered CSHCN, the Governor needs to recommend the addition of oral health as a stand alone *target* in targeted case management. The definition of targeted case management is services that assist recipients and, when appropriate, their families to gain access to and coordination of a full array of services including medical, social, educational, vocational, and other services. The Price County Health Department successfully utilizes case management services on children who qualify under other targets but currently a child could not qualify, solely, on oral health concerns. Please see the attached case history for benefits related to targeted case management.
2. Legislative changes are made that allow dental hygienists to practice within their scope of hygiene in any setting and be reimbursed by Medicaid for services.
3. The Governors Task Force needs to recommend a change in the State of Wisconsin Early and Periodic Screening, Detection, and Treatment schedule to allow state licensed dental hygienists to conduct the mandated screening on Head Start children and be reimbursed for that service.

Price County suggests to you these issues would provide a more solid solution to problems of dental access than the following Task Force recommendation. The Price County Health Department says no to the following recommendation with reason:

- The Price County Health Department vehemently opposes the Task Force recommendation that wants to "train" - to single out - Medicaid clients and teach them responsibility for

showing up for appointments. This is an insulting and degrading recommendation. Local health departments work with the disparities everyday and we do not see the "no show" rate percentages for appointments as a barrier or issue. Public health can assure clients will show for scheduled appointments and we will assure follow-up appointments. ***We do this by effectively utilizing targeted case management services with the uninsured/underinsured.*** We are in the business of reducing the disparities not accentuating them.

The Price County Health Department would like to commend each and every member of the Governors Task Force and their willingness to give of their time to develop viable solutions to Improve Access to Oral Health services.

Sincerely,

Tracy Ellis, RN, BAN
Price County Director/Health Officer

Price County Targeted Case Management
Case Study

The following public health case history exemplifies how targeted case management can effectively be used to improve dental access and how a dental hygienist can effectively be utilized to deliver services.

The services case management covers:

1. Assessment services ***(finds the problems).***
2. Care Plan ***(addresses the recipients needs and care objectives).***
3. On-going monitoring ***(Implementation of the care plan).***
    a. Collaboration of services with the child's primary care provider ***(assures positive outcomes).***
    b. Liaison and coordination of services between the pediatric dental specialists, the family and the health department HealthCheck nursing staff ***(assures positive outcomes).***
    c. Transportation needs ***(reduces no show rate).***
    d. Home visitation with child and mother ***(increases vital educational opportunities).***
    e. Liaison between family and school, coordination between school, family and healthcare providers ***(offers continuity of care).***
    f. Appointment coordination ***(reduces no-show rate).***
    g. Follow-up ***(assures positive treatment outcomes).***
    h. Anticipatory guidance ***(changes intergenerational poor health behaviors, long term).***

Age at Initial Screening: 11 years of age
Gender: Male
Race/Ethnicity: White, Caucasian
Client:

- Johnny Jones (not his real name)

Residence:

- Price County
- Park Falls. Wisconsin city water source

Client Medical History:

- History of multiple ear infections and antibiotic therapy.
- Clients exhibit delayed speech development, stutters
- School records document a long history of behavioral problems, including fighting.
- Medical history includes slightly below suggested weight, no other positive findings.
- **Johnny**: Johnny states he drinks soda to gain weight

Nutritional Status:

- Lives in an area with fluoridated city water system, but never drinks water.
- Mother does not cook, uses processed food
- Child refuses fruits or vegetables, likes chocolate milk
- Unrestricted soda consumption
- Mother stated fidgety/picky eaters -- small amounts frequently throughout the day

Family History:

- **Father:** Abandoned the family. Residing out-of-state at this time.
- **Mother:** Paranoid schizophrenic. Does well with her children if she takes her medications. However, sleeps often during the day due to medications. Does not drive nor can she maintain a job. Mother also reports her side of the family has history of on-going poor oral health and low oral health awareness. She stated "baby teeth don't matter".
- **Home visit:** Chaotic home life, younger twin sisters, small pathways from room to room. No indication of toothbrushes or toothpaste in the bathroom area – could not find in the clutter if these items were there.

Insurance Status:

- Qualifies for Medicaid

Initial Oral Screening Findings: History of Early Childhood Caries (see first picture). At present there is rampant decay throughout the mouth. It appears that there were extractions of mandibular primary molars (lower baby teeth) with no space maintainer prescribed to maintain proper space for eruption of permanent teeth. The permanent six year molars show extensive "frank" decay with only the walls remaining of the teeth. Also noted, acutely inflamed gingival tissues with bleeding on brushing throughout the oral cavity. Visibly high plaque levels with orange stain. Johnny states his past dental experience was horrible and does not want to see a dentist.

May 13, 2005

Governor's Task Force to Improve Access to Oral Health

I appreciate the opportunity to submit this written testimony to the Governor's Task Force to Improve Access to Oral Health. I am the Outreach Specialist for the new Dentist Placement Program at the Wisconsin Office of Rural Health. The Dentist Placement Program was established this year to work closely with Wisconsin Primary Health Care Association member clinics to place dentists in rural and severely underserved areas in the state.

In support of recommendation number 4: Currently I am working to recruit dentists for immediate openings at 7 Community Health Centers across the state. Wait time for appointments at each clinic is months long, and patients regularly line up in the early morning before the clinics are open, hoping somehow to see a dentist. Recruitment to rural and urban shortage areas in the state needs every support, especially rural areas, where the needs are even more extreme.

Sincerely,

Marsha Siik
Outreach Specialist
Wisconsin Office of Rural Health
University of Wisconsin Medical School

5/11/05

Kaye Lund
Dept of Health & Family Services
Division of Public Health
1 West Wilson St
P.O. Box 2659
Madison, WI 53701-2659

Dear Kaye Lund,

I am writing in support of the Taskforce recommendations for Dental Hygienist RE: Rules for Nursing home care.

1. Currently Hygienists cannot volunteer or be involved in resident care unless a dentist supervises & authorizes care.

2. Nursing home residents find it difficult & leave the nursing home for dental care often receive no care the longer they are there.

3. Good oral care has been scientifically proven to improve patients systemic health, especially in patients who have diabetes and heart problems.

4. As people live longer and more people are residing in nursing homes & oral care needs will be an increasing Concern.

5. Another area of concern are younger people who have disabilities or chronic health problems that could be greatly helped.

My son has been a nursing home resident for 23 years due to a severe head injury. Having spent a great deal of time at a nursing home as well as with him - I could see where a hygienist being able to come to a nursing home or a private home to give oral hygiene care + education would be extremely beneficial. Many times just getting the person ready + transported is extremely difficult and expensive. Consequently I feel there is a great lapse in this area.

Most doctors fend their own busy schedules and interests keep them from seeing these patients unless they are in great pain or have an infection. I have worked in a dental office for 30 years, so I have some knowledge of this.

If hygienist could do some of these services with out the doctor seeing the patient and prescribing treatment 1st, they would not have to wait for these acute problems to occur before they presentative and maintenance care being provided.

As for my son - We as parents have been able to provide daily dental care ourselves, as well as seeing the dentist. I can't imagine if we had not been able to - what shape his gums + teeth would be in.

Another factor is finding a dentist who will accept medical assistants patients. Many of these patients are covered by Med. asst.

Perhaps Hygienists could pick up some of the brunt of that problem, with prevention, maintenance and education -

Sincerely

Marsha Alt

Sauk City, Wi

Marsha Witt
1468 Bottom Ln
Sauk City, WI
53583

Kaye Lund
Dept of Health + Family Services
Division of Public Health
1 West Wilson St.
P.O. Box 2659
Madison, WI 53701-2659

May 11, 2005

To: Dr. Blane Christman, Chair
Attention: Kay Lund
Subject: Governor's Task Force to Improve Access to Oral Health Care
Office of Strategic Planning
Department of Health and Family Services

From: Marilyn Beck, RDH, BSDH, MEd
Wisconsin Licensed Dental Hygienist, 1957-present
Associate Professor, College of Health Sciences,
Department of Dental Hygiene, Marquette University, 1966-2004 (retired)
4609 Meadow Drive
Racine, WI 53402

As a long time, recognized dental hygiene educator and author, I write this letter in strong support of all of the Task Force recommendations to Improve Access to Health Care. I have thirty-eight years of experience in dental hygiene, nine in private practice settings and thirty-nine as a Dental Hygiene educator. Coming from both private practice settings and educational programs for dental hygienists, I know that dental hygienists are educated in all of the settings enumerated by the Task Force. It is so critical that dental professionals address the needs of the underserved and see oral health care as a "right", and not only for those economically privileged, as is now the case, in the United States and in Wisconsin. My extensive experience in Dental Hygiene has resulted in collegial relationships with many outstanding dentists as private practioners and educators, all of whom support these measures to increase access to care to the underserved. It is discouraging when a few dentists, who supposedly "support" access to care, lets an issue like this become politicized to the point that all residents of Wisconsin are denied access to oral health care.

Thank you.

I highly recommend:

That legislation be drafted to allow dental hygienists to practice independently of dentists operating under their current scope of practice and -

That staff send an independent message to the Governor alerting him of this recommendation so that he can move ahead on drafting and developing support for this measure.

Expanding the sites where dental hygienists can perform their existing scope of practice by modifying Section 447.06 of the Wisconsin Statutes as follows:

Wisconsin Statutes 447.06
(2) (a) A hygienist may practice dental hygiene or perform remediable procedures only as an volunteer, employee, or as an independent contractor.

And only as follows:

1. In a dental office.
2. For a school board or a governing body of a private school.
3. For a school for the education of dentists or dental hygienists.
4. For a facility, as defined in s. 50.01 (1m), a hospital, as defined in s. 50.33 (2), a state or federal prison, county jail or other federal, state, county or municipal correctional or detention facility, or a facility established to provide care for terminally ill patients.
5. For a local health department, as defined in s. 250.01 (4).
6. For a charitable institution open to the general public or to members of a religious sect or order.
7. For a nonprofit home health care agency.
8. For a nonprofit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations.

BROWN COUNTY ORAL HEALTH PARTERNSHIP
GREEN BAY, WISCONSIN

Statement of the Brown County Oral Health Partnership
Submitted to the Governor's Task Force to Improve Access to Oral Health

Thank you for the opportunity to submit comments on the need for improved access to oral healthcare in Wisconsin.

The Brown County Oral Health Partnership is comprised of a diverse cross-section of organizations united behind addressing the shortage of dental services for the uninsured and underinsured in our community.

Limited access to dental care is particularly acute in Brown County. Oral health for uninsured and underinsured individuals, especially children, has reached the crisis stage. The division of care is economic; those who can least afford treatment tend to have the most severe, preventable dental problems. Access to both preventive and restorative dental care is extremely limited for those with no dental insurance and for those who have Medical Assistance (MA). People with (often debilitating) tooth decay and other dental problems are frequently unable to see a dentist. Many children living in poverty have significant dental decay by the time they are in 2nd grade; as a result, they need preventive as well as restorative care.

Despite local efforts that serve a limited number of low-income individuals, significant gaps in dental access exist. Many populations are at-risk:

- A 2001-2002 survey and assessment of dentists conducted by the Wisconsin Primary Health Care Association indicated that the Northeast region has the lowest proportion of dentists accepting new Medicaid/BadgerCare patients (13%). In Brown County, there are no providers who are currently accepting new Medicaid/BadgerCare patients.

- Based on data collected by the Green Bay Rotary Club in 2004, up to 11,000 children in the Green Bay Area Public School District are in need of basic to emergency dental care.

- In 2003 the Wisconsin Department of Health and Family Services conducted a statewide oral health screening survey of preschool children enrolled in the Head Start program. A total of 456 children were screened, a majority of which were 3 to 5 years of age. Nearly 45% of Wisconsin's 3-to-4-year-olds in Head Start had caries experience and 25.2% had untreated decay, measures that are significantly above *"Healthy People 2010"* standards.

  In all categories surveyed, the results for the Northeast region were the second most critical in the state for:

  - history of decay (55.4%);
  - untreated decay (26.1%); and,
  - early and urgent treatment needs (25%).

The region had the highest incidence of early childhood caries (27.2%).

- In the fall of 2001, the Department of Health and Family Services initiated an oral health screening survey of third grade children in Wisconsin. Key findings of the survey indicate that in the Northeast Region:

    - 63% of the children had a history of tooth decay;
    - 32% of the children had untreated tooth decay; and,
    - 31% of the children needed dental care.

- Northeast Wisconsin Technical College's (NWTC) dental assistance program offers a dental care clinic for uninsured clients who are referred by the N.E.W. Community Clinic. Participating Brown County dentists treat the patients. The N.E.W. Community Clinic had 89 individuals on the waiting list for the NWTC dental program as of February 2005. The waiting list at NWTC to schedule a routine dental hygiene visit during the Fall 2004 semester reached 390. Another 190 had been placed on the waiting list in the month of January of 2005.

In an effort to reverse these current realities, the Brown County Oral Health Partnership focuses on identifying gaps in service and supporting site- and school-based oral healthcare models as a means to increase access to care.

For example, the Green Bay Rotary Club recently created a school-based program called *Healthy Teeth, Healthy Kids*. Since the program's kick-off on January 18, 2005, over 400 children have been provided with free dental care. This has been accomplished through site visits occurring one to two days per week, to a list of sixteen schools where a higher percentage of enrolled students qualify for free or reduced-price lunches. The Brown County Oral Health Partnership was a key sponsoring organization from the beginning. Our members continue to work together to leverage additional funding to help sustain the program into the future and allow its expansion to more schools and populations.

The Brown County community is generous in its giving to worthy causes such as these, and there are many groups and individuals who are attempting to improve dental access locally. However, these efforts alone will not fully address the problem. Additional government support in the form of funding and incentives are needed in order to help solve Wisconsin's dental care access crisis. Unless decisive steps forward are taken now, the cost to the state will only increase substantially in the future.

The 2005-2007 executive budget bill contains several worthy provisions that aim to address the growing disparities in oral healthcare, including adding funds to the Donated Dental Services, Seal-A-Smile and Spit Tobacco Education programs, and appropriating dollars to technical college hygiene programs. However, these measures do not go far enough.

The Brown County Oral Health Partnership therefore appreciates the good efforts of the Governor's Task Force to Improve Access to Oral Health. It is particularly supportive of recommendations that promote community partnerships, access, prevention, and school-based care, such as the following:

- Developing patient education materials and programs to encourage responsible use of health care systems for distribution or presentation to Medicaid eligible clients.

- Including pay for performance strategies that assure increased access, regardless of the delivery system, in future investments in the Medicaid program.

- Continuing the current funding level or greater for the State Physician and Dentist Loan Assistance program and the Health Care Provider Loan Assistance program.

- Increasing annual state funding from the Higher Educational Aids Board to support annual capitation payments for 50 Wisconsin students at the Marquette University School of Dentistry.

- Allocating state funding for portable/mobile equipment at each DHFS region to be used in school based and community oral health programs for restorative and prevention services.

- Encouraging the Department of Public Instruction to join with DHFS to work together to expand the number of oral health collaborations between school districts and local health departments.

- Coordinating the EPSDT screening mandate with AAPD and AAP recommendations, which changes the age of the first screening from age 3 to age 1.

Thank you for your diligent work. The contact person for the Brown County Oral Health Partnership is Ms. Nancy Armbrust. Please do not hesitate to contact her with questions by telephone at (920) 455-6248 or by e-mail at Nancy.Armbrust@schreiberfoods.com.

BROWN COUNTY ORAL HEALTH PARTERNSHIP
GREEN BAY, WISCONSIN

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E-Mail from Teryl Frosch

To Members of the Governor's Task Force to Improve Access to Oral Health

I am writing to you to show my support for the changes the Governor's Taskforce to Improve Oral Health are proposing! I am a Dental Hygienist practicing in a private practice and have been a hygienist for 16 years. I feel there is such a need for improved oral care in areas that are lacking such services such as nursing homes, assisted living homes, mental institutions, public schools and Head Start program and the list goes on. The evidence that we have available proving that oral hygiene and complete overall health go hand in hand and I really believe that if us Hygienists can advocate this and get out and educate the public then I think that people can lesson their medications and improve their health reducing the cost of health care and cost to the state and people!
In closing, this is something that can greatly improve access to care with the help of dental hygienists by allowing us to practice within our scope in expanded settings.

Sincerely,

Teryl Frosch, RDH
gtfrosch@charter.net

To: Members, Governor’s Task Force to Improve Access to Oral Health

I am sending this written testimony on behalf of the Rural Health Dental Clinic and the Dunn County Oral Health Coalition.

As director of the Rural Health Dental Clinic, and member of the Dunn County Oral Health Coalition I urge the Governor's Office to support recommendations from the Task Force on Oral Health Access, particularly that of increasing the scope of practice of dental hygienists. Allowing dental hygienists to provide needed preventative dental services and oral health education as an independent contractor is a very cost effective way to break the cycle of decay for thousands of Wisconsin residents who do not have the privilege of being seen through our current private dental practice system. It would be far more cost effective for our program to send our hygienists, who work for the Rural Health Dental Clinic, out to Head Starts, Schools, and Nursing Homes to provide the care that they have been trained and licensed to do and keep our dentists at the clinics to provide the needed restorative work that they have been trained and licensed to do.

As the CESA 11 Head Start and Early Head Start Health Coordinator I see 2 and 3 year olds who are already experiencing dental disease. We currently only have 1 pediatric dentist in the entire northern half of the state that sees Medicaid eligible children. This current practice model obviously does not have the capacity to even begin to meet the need. We must find new ways to educate our young families and new ways to deliver these valuable preventative services.

Supporting the recommendations of the Governor's Task Force and continuing to adequately fund dental programs like the Rural Health Dental Clinic who are presently providing dental services to those unable to access care through community private practice are key steps in addressing this very serious health care problem in our state.

Respectfully,

Sharon Haugerud

Testimony

Governor's Task Force to Improve Access to Oral Health

May 13, 2005

Presented by

Emily Kinsell-Berger, RDH, Wisconsin Dental Hygienists' Association
and
Kathleen M. Endres, RDH, Dental Hygiene Association of Wisconsin

On behalf of the Dental Hygiene Association of Wisconsin (DHAW) and Wisconsin Dental Hygienist' Association (WDHA) we would like to thank Governor Doyle and the members of this task force for their efforts to improve access to oral health care for the children of the state of Wisconsin.

The disease burden is great (60 percent of 3rd grade children in the state of Wisconsin have had a caries experience) and we need to utilize all of our resources to address this issue.

We also appreciate your recognition that:

- Prevention is a wise investment and key to diminishing disease burdens.
- State licensed dental hygienists are an underutilized resource in primary prevention of oral disease.
- All health care providers are vital to increasing our workforce capacity, especially when they are able to practice to the full extent of their scope and education, and can have a significant role in preventing oral diseases and promoting health.

By expanding dental hygienists practice settings, we are better able to bring prevention to underserved families and have a great impact on reducing the incidence and prevalence of oral diseases.

In December 2000 a Dental Hygiene Workforce survey was conducted. The findings showed that the average number of hours a hygienist worked per week was 27.82 and that 1 out of 4 hygienists do not feel there are enough job opportunities available to them. Two out of ten reported working in a rural setting. Dental hygiene does have a workforce to help improve access to dental care.

After reviewing the 31 task force recommendations and meeting minutes WDHA and DHAW support the recommendations of the task force and the multi faceted approach to this problem. Many issues needed to be addressed such as dental workforce, capacity of dental clinics, shortage areas and funding.

Specifically we would like to see

- Independent practice for dental hygienists which includes
    a. Expansion of sites where dental hygienists can perform their existing scope of practice. http://dhfs.wisconsin.gov/health/oral_health/taskforce/pdf/DentialHygenists052733 1.pdf http://dhfs.wisconsin.gov/health/oral_health/taskforce/pdf/dental-hygienepractice.pdf
    b. Alignment of the legal scope of practice with the accreditation standards for dental hygienists. http://dhfs.wisconsin.gov/health/oral_health/taskforce/pdf/dentalhygiene-scopeofpractice.pdf
- Clarification of federal regulations that allow both dental hygienists and dentists to provide mandated dental examinations for children enrolled in Early Head Start and Head Start.
- Assemble a study group to examine the feasibility of developing an advanced practice dental hygienist education program in Wisconsin.
- DHFS funding for five regional oral health consultants at a full time level.
- Funding for portable dental equipment at each DHFS region to be used in school based and community oral health programs for preventive and restorative services.
- State increase in funding for community water fluoridation efforts.
- Governor ask our DC office to lobby our federal representatives to support legislative issues and federal funding for oral health initiative.
- Adoption of a user fee on soda purchases (Two Cents for Tooth Sense) with the revenues going to the dental Medicaid program and other programs that improve access to oral health.

Dental hygienists are licensed to provide prevention services to meet the needs of the citizens of Wisconsin and look forward to working as a member of the healthcare team to prevent oral diseases and promote health for Wisconsin citizens.

To: Members of the Governor's Task Force to Improve Access to Oral Health:

I am writing this in support of the thirty-one recommendations that the Governor's Task Force to Improve Access to Oral Health have proposed. I am a Registered Nurse living in rural Northern Wisconsin and in my position as Coordinator of a Free Clinic for the uninsured in our community, am acutely aware of the dental access crisis. From our location in Rhinelander, our Free Clinic has been providing free basic medical care to eligible individuals in a four county area for seven years. I became involved in the dental access issue when it became obvious that many of the patients presenting to our clinic needed not medical care and treatment, but the services of a dentist. We are able to provide the "Band-Aid" – antibiotics and pain pills - but not a real answer to the patient's problem - a dental home that can address their many oral health needs. Time and time again I hit roadblocks when advocating for patients. Phone calls to dental offices in our region are met with "we don't accept BadgerCare/MA".

Direct conversations with dentists reveal a stereotypical view of "these patients": "They don't show up for their appointments" "I don't want them in our waiting room" "I don't need their business". So, these patients, with no where else to turn, come to our Hospital Emergency Rooms. A 2002 WI Hospital Association report estimated that statewide over $6.5 million in emergency room care was provided to over 22,500 patients for dental care and treatment. Of course they come to the Emergency Rooms - we have given them no other options and they are in pain, feeling ill, and desperate. What would you do in the same situation?

Being in healthcare, prevention makes sense to me. I value the expertise that I have received from our Regional and State Oral Health consultants in developing our school-based sealant program, a fluoride varnish program with local pediatricians, and education and guidance to other members of the Healthcare team. Funding these positions full-time would be invaluable to the local, rural, small communities that do not have hygienist positions in their Public Health Departments. I acknowledge that there is a dental professional shortage, but also recognize that when healthcare was confronted with a provider shortage we responded very effectively with the addition of Advanced Nurse Practitioners.

Expanding the scope of practice for dental hygienists is one action that can affect the access problems in a timely manner. We don't need to wait for recruitment efforts for dental schools, cross our fingers for increased funding or reimbursement, or pray for budget increases. Not that all these recommendations don't play a role in the big picture, but when you are in pain the next day seems unbearable much less next year.

I applaud the efforts of the task force and the Wisconsin Oral Health Coalition, of which I am an active member. I ask for careful, thoughtful consideration of the recommendations. When children, adults and the elderly are hungry we find ways to feed them. When they need shelter or clothes we house and dress them. When they cry, are in pain, can't learn or sleep because of a toothache, won't smile due to embarrassment, we must find creative ways to help them.

Thank you,

Susan Klemm RN
Sacred Heart-St. Mary's Hospital
Springer Memorial Free Clinic
2251 North Shore Drive
Rhinelander, WI 54501
715-361-2066

May 11, 2005

Governor's Task Force to Improve Access to Oral Health
Dr. Blane Christman, Chair

Dear Dr. Christman,

Thanks to you, Governor Doyle and members of this task force for addressing the enormous problems of this initiative.

We hygienists are members of a very successful sealant program in Price County. We feel our volunteer preventive skills have made huge positive differences in the oral health of our children.

For the most part we feel your recommendations are good, but please include hygienists in tuition subsidies/or loan forgiveness, positions on Boards of local health departments, or other committees or directives that address these oral health problems. We can and must be part of the solution, as our prevention and organizational skills are invaluable.

Please consider hygienists working independently within the scope of dental hygiene practice. We have a medical model in nursing, doing assessment and referrals for health departments and schools. Hygienists need to work this way also. But we need to expand the settings to include nursing homes, health care settings and all non profit organizations. Our prevention skills must be used in this way so we can possibly catch up on the treatment needs of these compromised socioeconomic and served groups.

Thank you again for your efforts!

Sincerely,

Kathy Williams, RDH

Tresa Kronberger, RDH

Brenda Heiser, RDH

To: Members, Governor's Task Force to Improve Access to Oral Health

I support the recommendation that dental hygienists be allowed to practice independently.

I just finished 9 months of school to be certified as a CNA. I was working at hospitals and nursing homes during the last 3 months of school. I was not very impressed as to how I was trained to clean dentures and help with night time care.

Not once did anyone wash or brush the patient's gums. They removed the teeth cleaned them and put them away.

I know from working in the dental field for 26 years that you make sure there is water in that sink before you handle a $2500.00 Upper Denture!

And there is more than brushing those dentures, you need to either have the patient/resident brush gums or you need to assist. I think every nursing home & hospital should have training. This could be a full time, good paying job.

Dawn Peetz
Office Manager
The TMJ Center
608-833-0865

May 11, 2005

Dr. Blane Christman, Chair
Governor's Task Force to Improve Access to Oral Health
Attention: Kay Lund
Office of Strategic Planning
Department of Health and Family Services
1 West Wilson Street
Madison, WI 53701

Dear Dr. Christman and Governor Doyle,

I am writing you to submit written testimony to the hearing in Madison on Friday, May 12, 2005 regarding the Governor's Task Force Recommendations. I am a member of the WI Oral Health Coalition and am a Public Health Dental Hygienist at the Madre Angela Dental Clinic in Milwaukee.

I created the "Dental Sealants for Children" Program in 2001 for Madre Angela Dental Clinic with the aid of Robert Wood Johnson funding. The basics of the program involve bringing portable dental equipment into Milwaukee's inner city schools whereby dental screenings and sealants are provided while the children are attending school. Children who require additional dental care are referred to local Dentists and representatives in each school help to facilitate this process. I have screened nearly 1000 children and have sealed 3700 teeth since the inception of the program (while I was working part time on the project).

I share this information with you to illustrate what I consider a big step to improving access to dental care for the underserved, uninsured, Medicaid and BadgerCare population in Milwaukee. Thanks to you, Governor Doyle, I have provided my own sealant screenings for the past six months and have been able to treat almost twice as many children in each school (as this eliminated many barriers to care). The teachers have embraced the change as well as it reduced the time that the child was out of the classroom.

Please amend the restrictions on Dental Hygienists who provide dental sealants and preventive care in underserved areas with vulnerable populations not receiving dental care. I make this plea not to be in competition with state and area Dentists, but to enhance our ability to make the best use of trained dental professionals. Dental Hygienists are well educated and have vast experience in the preventive area of Dentistry. They can help ease the financial burdens for Dentists in working with these populations, and in addition, provide the Dentist more time to focus on diagnosis and direct care. (This is the protocol used in large dental groups in order to make the best use of financial and personnel resources).

Thank you for the opportunity to provide testimony on this critical issue in the State of Wisconsin.

Pamela Prenger, RDH

Monday, May 09, 2005

Dr. Blane Christman, Chairman
Governor's Task Force to Improve Access to Oral Health
P.O. Box 7850
Madison, Wisconsin 53707-7850

Subject: TESTIMONY

Dear Dr. Christman and Task Force Members,

I would like to thank and compliment the members of the Governor's Task Force for their diligence and on-going perseverance in sifting through the complexities of Access to Dental Care for low-income and high risk families in the State of Wisconsin. This is no easy task. I would also like to applaud and thank Governor Doyle for his *KidsFirst* initiative and his leadership in affecting the overall health and well being of Wisconsin children. Through turf wars, budget issues, and other personal interests that individuals hold, I feel it is of the utmost importance that all of us keep the vision of the children and their family's health at the fore front of issues; driving the recommendations from the Task Force. It is not about us – it is about them.

Due to distance barriers I will be unable to physically deliver testimony on May 13, 2005 to you, the esteemed, Task Force members. However, after closely following the activities for the past eight months I request submission of this written testimony, wholeheartedly supporting the recommendations coming from the Task Force with special consideration of the following:

1. Consider direct inclusion of state licensed dental hygienists in all Task Force recommendations. For example, for tuition subsidies for dental students as well as dental hygiene students, encouraging dental hygienists to be on governing bodies of local health departments, nutrition counsels and other policy making bodies and encouraging dental hygiene organizations to provide also provide pediatric dental education. Dental hygienists must be included working as a member of the health care team and advising at all levels.
2. Continue recommendations that state licensed dental hygienists be utilized to their fullest potential working independently within their scope of practice; collaboratively working with dentists and primary care providers.
3. Institutionalizing, by statutorily mandating, state level oral health positions including Chief Dental Officer, State Dental Hygiene Officer and Regional Oral Health Consultants. This recommendation for infrastructure building will stabilize oral health programming as years pass. The importance of oral health must not be allowed to be disregarded by communities and policy makers.
4. Recommendations that state licensed dental hygienists may conduct Head Start dental examinations and be reimbursed for these procedures.
5. Designation of children with severe/urgent care dental needs as Children with Special Health Care Needs.
6. Asserting recommendations at the federal level for oral health, in and of itself, to be included as a target in the Targeted Case Management program.

I believe these recommendations, as well as the recommendations from the Governors Task Force will continue to change the tide of frustration seen for more than ten years for the low income populations that lack dental care. Thank you again, Task Force members, for your work, your vision and your insight in addressing oral health issues.

Sincerely,
Nancy J. Rublee, R.D.H.

Nancy J. Rublee, RDH, CDHC
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Phone: 715-762-1842
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To: Members, Governor’s Task Force to Improve Access to Oral Health

I am writing in support of the Governor's Task Force to Improve Oral Health

I have worked at Ministry Dental Center in Stevens Point since it opened over three years ago. The clinic serves Medical Assistance and Badgercare recipients. Even in central Wisconsin, an area that appears affluent, the 1900 people on the waiting list is staggering. Most of the patients have only experienced sporadic emergency care prior to coming to Ministry Dental. The patients repeatedly express their appreciation of our services and that they have been treated respectfully for the first time. Unfortunately, many of these patients could have benefited not only from earlier dental care and more routine dental experiences, but most importantly, better dental awareness. We have failed a person who needs to have dentures, because there is no other choice left for them. Changes need to occur in the future. Removing the barriers and making it less difficult for hygienists to be placed in schools and other non-traditional settings is a good first step in increasing access to care.

For the last three months I have been working at a new position with the Wood County Health Department. Currently our dental health program concentrates its efforts on placing dental sealants on second grade children. While the program is successful and expanding, earlier intervention is needed. A second grader with a mouth full of decay is also a sign of failure to meet the needs of the community. Head Start programs, WIC centers and prenatal care are all opportunities where hygienists can be pro-active and make a difference.

Thank you for the opportunity to express my views.

Wendy Ruesch, RDH
3811 Parkland Lane
Wisconsin Rapids, WI 54494

Beth A. Satchell, RN, FNP-C
601 N. 6th St.
Manitowoc, WI 54220

Dr. Blane Christman, Chair
Governor's Task Force to Improve Access to Oral Health

Dear Task Force Members,

I am a Family Nurse Practitioner practicing in Manitowoc. I have been performing EPSDT (HealthCheck) physical exams on children under Medicaid/BadgerCare at the HealthCheck Clinic for almost 10 years. It has become almost impossible to find dentists in Manitowoc County who will treat children and adults who are on Medicaid. I have personally witnessed many cases over the years involving unnecessary dental pain and suffering in children and their family members. I have been very frustrated since I have no where to send these clients. I am also the Co-Chair of the Dental Health Improvement Committee under our local initiative, Healthiest Manitowoc County 2010 and a member of the Wisconsin Oral Health Coalition. Only 18% of Manitowoc County's Medicaid-eligible citizens received dental care in 2004 (compared with the low state-wide dental access rate of 22%). The lack of access for dental care for underserved, uninsured, Medicaid and BadgerCare populations is a local, state and national problem which must be addressed.

The appointment by Governor Doyle of a Task Force to Improve Access to Oral Health is an important first step in addressing the problem of dental access in Wisconsin. I have reviewed the Task Force's recommendations and applaud the Task Force for the timeliness and thoroughness of their recommendations, considering the complexity of the access issue. The Task Force has shown great understanding of the dental access problem though the depth of their recommendations.

I strongly agree with all of the Task Force's recommendations. It is vital that the dental access problem be addressed through a diversity of solutions offered, and not simply by addressing one or two of the issues in an isolated fashion. There is no quick fix for increasing dental access in Wisconsin. An example that affects my practice is the importance of recommending the change of the first dental screening from age 3 to age 1 (in order to identify early childhood caries, educate caretakers, etc.) for children eligible for HealthCheck exams. But in order to provide exams for more children at a younger age, more dentists are needed who will accept Medicaid clients. In order to encourage more dentists to accept MA clients, higher reimbursement is needed and MA paperwork simplified as well as educating clients so that "no show" rates are decreased.

More dentists are needed and must be encouraged through loan reimbursement programs, etc. As you see, the dental access issues are complex and each affects the other; it's hard to separate them. I hope that Governor Doyle will understand and appreciate the interrelated nature of the recommendations.

Some allusions to the Technical Colleges have been made in the recommendations. A dental clinic was started in October, 2004, at Lakeshore Technical College in Cleveland, Wisconsin to serve Medicaid-eligible persons in need of dental care. There has been a waiting list of 200 for several months, thus the availability of dental services is very limited. Expanding each Technical College's dental clinic hours, days and months would be a viable method of increasing access to dental care for underserved persons aross Wisconsin. This might be just one means toward a dental access solution in a system already established and paid for by the taxpayers.

I hope that Governor Doyle will make dental access a priority in Wisconsin through implementing the Task Force's recommendations, and also through collaborating with groups such as the WI Oral Health Coalition. We need to share and advance the mission for improving access to oral health care for the underserved, uninsured, Medicaid and BadgerCare populations.

Thank you to the Task Force for your diligent efforts in clearly defining the many interrelated issues associated with the dental access problem.

Sincerely,

Beth A. Satchell, RN, FNP-C

To: Members, Governor's Task Force to Improve Access to Oral Health

Hello, my name is Debbie Stieve and I have been a practicing dental hygienist for 13 years in Sauk County. I urge law makers to look critically at changing the scope of practice for dental hygienist. There many people in Wisconsin that have no access to oral health care, especially people in long term facilities. Currently dental hygienist can not volunteer or be involved in nursing home residents care unless a dentist supports and authorizes the care. Nursing home residents have to rely on a dentist in there communities to stop in and exam their teeth or the residents family members take them to the dental office. Nursing home residents find it difficult to leave the hone for dental care due to physical aliments and are less likely to seek dental care the longer they are their. Dental hygienist could and would be a asset to nursing homes and other long term facilities.

Good oral care has been scientifically proven to improve systemic health in people, especially people who suffer from diabetes and heart disease. I believe there would be a reduction in cost to health care and the State of Wisconsin in general if a dental hygienist would be allowed to maintain good oral health for senior citizens and children in low income setting.

Currently the nursing home staff cleans dentures for the residents; they are not responsible for maintaining health of residents' teeth. I know a dental hygienist could screen and direct people to the dentist for treatment if only they could volunteer of work in hospital, nursing homes, schools and long term facilities. Making sure people receive good dental care early is the key to keeping health care cost down and people healthy. This is something that can greatly improve access to care with the help of dental hygienists by allowing us to practice within our scope in expanded settings.
I hope you will consider the lives of people that can be helped by these recommendations.

Sincerely,

Debbie Stieve